Overview

- Epidemiology of problem drinking & substance abuse among older adults
- Barriers to diagnosis & treatment of alcohol/SA problems in older adults
- Age-related changes that affect the response to alcohol & other drugs

Overview

- Dangers of drug-alcohol interactions in older adults
- What happens when alcohol/SA problems go untreated
- Ethical issues related to diagnosis & treatment of SA in older adults

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Rates of SA in Older Adults

- Nicotine (~18-22%)
- Alcohol (~2-18%)
- Psychoactive Prescription Drugs (~2-4%)
- Other Illegal Drugs (marijuana, cocaine, narcotics) (<1%)



Early Onset Pattern

- Long-standing behavioral problems
- More physical problems
- · Numerous attempts at treatment
- Family members likely to have experienced "burnout"
- Personality characteristics similar to younger adults
- More often drop out of treatment



Late Onset Pattern

- Problem drinking began within several years of multiple losses
 - Death of spouse
 - Physical impairments
 - Diminished social support
- Greater life satisfaction than early onset
- More likely to believe treatment will be successful



Future SA Problems

- Changes over the past 10 years
- Baby boomers
- Illicit drug use
- Recent research findings



Baby Boomers Alcohol Abuse

	91 – 92	01 – 02	Percent Increase
18-29	6.5	7.0	8%
30-44	3.0	6.0	100%
45 – 64	1.4	3.5	150%
65+	0.3	1.2	300%
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Reasons for Concern About SA in Older Adults

- Problems directly related to the substance
- · Increased risk of complications
- Complicates diagnosis
- Complicates care
- · Impacts mental health
- Interacts with prescriptions & OTC medication



Definitions

- Abstinence
- Moderate drinking
- At-Risk drinking
- Problem drinking / alcohol abuse
- Alcohol dependence



Guidelines for Older Adults

- Drinking no more than one drink per day
- No episodes of binge drinking
 - (4 + drinks in one day)
- No drinking while taking certain medications or in patients with certain illnesses



A "Standard Drink" is:

- 12 oz beer
- 1.5 oz distilled spirits
- 5 oz wine
- 4 oz sherry or liqueur



Risks vs. Benefits			
	Risks	Benefits	
Abstinence	 Cardiovascular 	•Social	
Moderate	•Medication interactions	•Social	
		•Cardiovascular	
At-Risk	 Psychological distress 	•Social	
	•Suicide risk		
	•Fractures		
	•Adherence		
Abuse	•Social	•None	
	•Legal		
Dependence	•All aspects of health / functioning	•None	

Reasons Substance Abuse Goes Undetected

- Stereotypes
- Ageism
- Time constraints
- Lack of training

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Signs & Symptoms of Substance Abuse

- Anxiety
- Blackouts, dizziness
- Depression
- Disorientation
- Falls, bruises, burns
- Family problems
- Financial problems
- Headaches
- Incontinence
- Memory loss
- Poor hygiene
- Seizures
- Sleep problems
- Social isolation



Risk Factors

- Demographic
 - Gender
- Other substance use
- · Prior history of abuse
- Social factors
 - Bereavement, retirement, isolation



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Risk Factors

- Medical and psychological factors
 - More comorbidity
 - Pain, insomnia, depression, anxiety, polypharmacy
 - Functional decline



Alcohol-Medication Interactions

- Increased drug metabolism (chronic heavy use)
 - sedatives, warfarin, phenytoin, propranolol
- Decreased drug metabolism (acute heavy use)
 - sedatives, warfarin, narcotics



Alcohol-Medication Interactions

- Hypotension
 - methyldopa, hydralazine, nitroglycerin
- Interference with effectiveness of drugs
 - drugs for HTN, CHF, gout, ulcer disease



Sedating Drug Interactions

 Increased effect when mixed with other sedating drugs (benzodiazepines, barbiturates, narcotics)

Screening

- AUDIT-C, AUDIT
- MAST-G, SMAST-G
- Ask about nicotine and illicit drugs
- CARET
- Health Screening Survey



AUDIT-C

- How often do you have a drink containing alcohol in the past year?
- How many drinks containing alcohol do you have on a typical day when you were drinking in the past year?
- How often did you have six or more drinks on one occasion in the past year?

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Other Screening Techniques

- Brown bag
- Smoking as an index of suspicion
- Collateral informants
- Laboratory tests

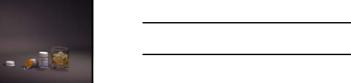
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Mr. Williams

- · Risk factors for substance abuse
 - Male, retired, smoker
- Complications/Clues
 - High blood pressure, insomnia, evidence of liver & hematologic abnormality, potential for gastritis with ibuprofen, excessive sedation with temazepam, drug-seeking

Screening & Brief Intervention Procedures

- ASK
- ASSESS
- ADVISE
- MONITOR



Initial Approaches

- Written materials
- Brief advice
- Motivational brief interventions
- Referral to substance abuse treatment



Improvement in Smoking Related Disability

- Quitting at any age has health benefits
- Smoking elevates stroke risk two fold
- Quitting reduces risk of stroke within two to four years



Benzodiazepine Discontinuation

- A research study of Benzodiazepine discontinuation
- Those assigned to stop medication had a substantial improvement in ADLs
- Those assigned to continue medication had a decrement in ADLs



Treatment Response

- Treatment studies for alcohol dependence
- 80% of older adults respond to treatment
- 30% to 40% of younger adults respond to treatment

Ethical Issues

- Confidentiality
- Safety
- Mental capacity
- Involuntary commitment
- Suicide



VANTS Call

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